

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



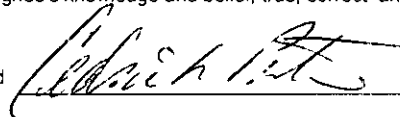
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number J - 12544	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Cedric R Porter P.O. Box, Bldg., Room No., if any Suite. # 200 Street 4780 Chabot Drive City Pleasanton State California ZIP Code + 4 94588-3322	4. Name, file number, and address of labor organization. Name Northern Cal. District Council of Laborers Labor Organization File Number 031-618 P.O. Box, Building and Room Number, if any Suite 200 Street 4780 Chabot Drive City Pleasanton State California ZIP Code + 4 94588-3322
5. Position in labor organization. Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of interest, Transaction, or Income. 7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)		
Signed 	On 8/12/2005	(925) 469-6800
	Date	Telephone Number

Name of Person Filing Cedric Porter	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name McMorgan Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 800</p> <p>Street 1 Bus 1 Street</p> <p>City San Francisco</p> <p>State California ZIP Code + 4 94104</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name Laborers Trust Funds for Northern California</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 220 Campus Lane</p> <p>City Fairfield</p> <p>State California ZIP Code + 4 94534-1498</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager</p>
	<p>11.b. Approximate dollar value of such dealing. Unknown</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Two (2) Dinners</p>
	<p>12.b. Amount. \$60</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Cedric Porter	File Number U-
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Fox Asset Management</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 44 Sycamore Avenue</p> <p>City Little Silver</p> <p>State New Jersey ZIP Code + 4 07739</p>	<p>9. Business deals with</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Leukemia Society Clay Shoot Event</p> <p>Edgewood Golf</p> <p>12.b. Amount. \$350</p>

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name California-LECET</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 200</p> <p>Street 4780 Chabot Drive</p> <p>City Pleasanton</p> <p>State California ZIP Code + 4 94588-3322</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Construction Industry Marketing</p>
	<p>11.b. Approximate dollar value of such dealing. <i>unknown</i></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Two (2) Dinners</p> <hr/> <p>12.b. Amount. \$69</p>

Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Health Net, Inc.</p> <p>Trade Name if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 21650 Oxnard Street</p> <p>City Woodland Hills</p> <p>State California ZIP Code + 4 91367</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employee's name.</p> <p>Name Nor. Cal Laborers Health & Welfare Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 220 Campus Lane</p> <p>City Fairfield</p> <p>State California ZIP Code + 4 94534-1498</p>	<p>11.a. Nature of such dealing.</p> <p>Healthcare Provider</p>
	<p>11.b. Approximate dollar value of such dealing. <i>Unknown</i></p>
	<p>12.a. Nature of interest held or income received.</p> <p>One (1) Sports Event Ticket</p> <p>12.b. Amount. \$30</p>

Name of Person Filing Cedric Porter	File Number U-
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name American Realty Advisors</p> <p>Trade Name if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 84 Sunlit Drive West</p> <p>City Santa Fe</p> <p>State New Mexico ZIP Code + 4 87508</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>one (1) Dinner</p> <p>12.b. Amount. \$75</p>

August 15, 2005



U. S. Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Avenue, NW
Washington, D.C. 20210-0001

Certified Receipt # 7005 0390 0005 3056 5431

Re: Form LM-30 Filing for Cedric R. Porter, Labor Organization File No. 031-618

Dear Sir or Madam:

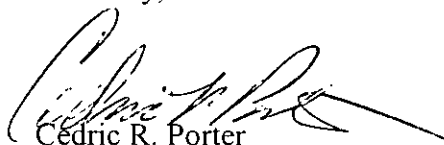
Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 record as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record, nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,


Cedric R. Porter